



Burien

Washington, USA

Citizen Action Request Form

400 SW 152nd Street, Suite 300 Burien, WA 98166
Phone: (206) 248-5520 • FAX: (206) 248-5539
www.burienwa.gov

CAR Number _____

Please complete the entire questionnaire. If you choose to remain anonymous, your personal information will not be released pursuant to a public records request. Please note, if the information you provide is incomplete or the City has questions about your complaint, we may not be able to fully investigate if we cannot contact you. Once completed, this form will be entered into our tracking system and assigned a case number. We will send you a confirmation card in the mail which will identify your case number. Please refer to the case number whenever inquiring about the status of your case.

YOUR NAME: _____ **DATE:** _____

YOUR ADDRESS: _____ **CITY:** _____ **ZIP:** _____

DAYTIME PHONE: _____ **EVENING PHONE:** _____

FAX NUMBER: _____ **E-MAIL ADDRESS:** _____

ANONYMOUS: Yes ____ No ____ **REPORTED VIA:** Mail ____ Walk In ____ Phone ____

SITE ADDRESS: _____ **APT. #:** _____

Exact address is very important. Please make sure you have correct information. If you are not exactly sure, please be very specific in detail. Use backside of this form if you need additional space.

COMPLAINT INFORMATION: If you are reporting more than one address violation, please submit a separate form for each address. Use backside if more space is needed.
